

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2011
NAME OF PROVIDER OR SUPPLIER ARBOR GROVE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 E CENTRAL AVE GREENSBURG, IN 47240		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00084509.</p> <p>Complaint IN00084509- Substantiated, Federal/State deficiencies related to the allegations are cited at F387 and F388.</p> <p>Survey dates: January 13 and 14, 2011</p> <p>Facility number: 000305 Provider number: 155625 AIM number: 100287200</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: SNF/NF: 72 Total: 72</p> <p>Census payor type: Medicare: 6 Medicaid: 52 Other: 14 Total: 72</p> <p>Sample: 3 Supplemental sample: 1</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 24, 2011 by Bev Faulkner, RN</p>	F 000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey Revisit on or after January 31, 2011.</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 31 2011</p> <p style="text-align: center;">LONG TERM CARE DIVISION INDIANA STATE DEPARTMENT OF HEALTH</p>		
F 387 SS=B	483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT	F 387			
The resident must be seen by a physician at least					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 387	<p>Continued From page 1</p> <p>once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 or 4 residents reviewed for scheduled physician visits were seen every 30 days for the first 90 days and/or every 60 days thereafter. (Residents B and D)</p> <p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 1-13-11 at 11:05 a.m. His diagnoses included, but were not limited to multiple sclerosis, hypothyroidism, depression, mild bipolar disorder and osteoporosis. Resident B was admitted to the facility on 4-12-10.</p> <p>Review of the attending physician in-house visits indicated an initial visit on 4-14-10, followed by in-house visits on 6-29-10 and 7-25-10 with no additional in-house visits until present from the attending physician.</p> <p>In interview with the Administrator on 1-14-11 at 4:40 p.m., he indicated this attending physician has had some health problems and has been hospitalized some in the last year. He indicated this physician does not have a nurse practitioner.</p> <p>2. Resident D's clinical record was reviewed on</p>	F 387	<p>F387 Frequency and Timeliness of Physician Visits</p> <p>The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Medical Records personnel received a new computer to accurately monitor MD visits backed up by flash drive. Medical Records personnel will inservice nurses on proper implementation of physician visit tracking form by January 31, 2011. Physicians were notified on January 14, 2011 and all residents out of compliance were seen. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> Residents residing in this facility have the potential to be affected by the alleged deficient practice. Medical records personnel will audit all physician visits every 30 days to monitor for timeliness. 		

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F 387	<p>Continued From page 2</p> <p>1-14-11 at 3:15 p.m. Her diagnoses included, but were not limited to dementia with psychosis, insomnia, depression, coronary artery disease, hypertension (high blood pressure) and osteoporosis. She was admitted to this facility on 6-26-2009 and readmitted on 7-17-2009.</p> <p>Review of the attending physician's in-house visits indicated in 2010, he had visited on 1-25-10, 3-30-10 and 7-25-10. No other progress notes or documentation of visits were noted until the present date.</p> <p>In interview with the Administrator on 1-14-11 at 4:40 p.m., he indicated this attending physician has had some health problems and has been hospitalized some in the last year. He indicated this physician does not have a nurse practitioner.</p> <p>In a facility policy, entitled "Physician Services," with a revision date of January 2006, provided by the Director of Nursing on 1-13-11 at 10:50 a.m., it indicated, "The attending physician visits a least once every thirty (30) days for the first ninety (90) days after admission, and at least every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. The physician may alternate between personal visits and visits by a physician assistant, or a nurse practitioner after the initial visit...The physician reviews the resident's program of care including medications and treatments. The physician writes, signs, and dates progress notes at each visit and signs and dates all orders."</p> <p>This Federal Tag relates to IN00084509</p> <p>3.1-22(d)(1)</p>	F 387	<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> A physician visit tracking form will be implemented and followed up by medical records personnel. A sign-in book is located up at the front office for signatures of all attending physicians that must be signed prior to treatment. Medical Records personnel will monitor for compliance. Medical Records personnel will notify all physicians prior to any visit due. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> Medical records personnel will audit all physician visits every 30 days to monitor for timeliness. A Physician Services CQI tool will be completed weekly x4, monthly x2, and quarterly thereafter. Data will be submitted to the CQI committee for review. If threshold is not achieved, an action plan may be developed to ensure compliance. <p>Compliance date: 1/31/11</p>	

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F 388 SS=B	<p>483.40(c)(3)-(4) PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP</p> <p>Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.</p> <p>At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 4 residents reviewed for personal physician visits were seen by a physician on an alternating schedule with a nurse practitioner. (Residents A and C)</p> <p>Findings include:</p> <p>1. Resident A's clinical record was reviewed on 1-13-11 at 11:40 a.m. His diagnoses included, but were not limited to Alzheimer's dementia with psychosis, skin cancer, diabetes mellitus type 2, anxiety, depression, left above the knee amputation, popliteal thrombosed aneurysm of the right lower extremity, chronic obstructive pulmonary disease (COPD; breathing problems), and coronary artery disease (heart problems). The clinical record indicated he originally was admitted to the facility on 6-17-2009 and readmitted on 9-15-2010 after a hospitalization for pneumonia.</p>	F 388	<p>F388- Personal Visits by Physician , Alternate PA/NP</p> <p>At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by the physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> Medical Records personnel will inservice nurses on proper implementation of physician visit tracking form by January 31, 2011. Medical records personnel will audit all physician visits/NP visits every 30 days. <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> Residents residing in this facility have the potential to be affected by the alleged deficient practice. Medical records will monitor for accuracy. 		

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F 388	<p>Continued From page 4</p> <p>The Director of Nursing (DN) provided a handwritten listing of physician visits for 2010 on 1-14-11 at 9:30 a.m. The listing indicated the attending physician conducted in-facility visits with the resident on 1-4-10, 2-1-10, 3-15-10, 4-1-10 and 4-17-10. Nurse practitioner visits were conducted on 5-3-10, 6-19-10, 7-31-10 and 10-3-10. An additional copy of a physician visit on 8-30-10 was provided on 1-14-11 at 12:40 p.m. However, the visit of 8-30-10 did not constitute a visit that could be considered one in which the physician evaluated the resident's condition, nor a reviewed or made decisions regarding the continued appropriateness of the resident's medical regimen. The 8-30-10 progress note included only a handwritten note which indicated, "Patient chart was unavailable at the time. MD rounded in facility. Stopped by room & visited with patient." The portion of the progress note that normally details the physical exam had a large diagonal line drawn through it. An additional handwritten note indicated, "No charge." The progress noted was initialed by the attending physician. The clinical record indicated no face-to-face in facility physician visits from 4-17-10 until the resident transferred to an area hospital on 10-31-10.</p> <p>In interview with a family member on 1-13-11 at 3:48 p.m., she indicated that she had never seen the attending physician in the 16 months the resident was in the facility. She indicated the attending physician would send the nurse practitioner.</p> <p>In interview with the DN on 1-14-11 at 9:30 a.m., she indicated Resident A's attending physician usually sent the nurse practitioner for facility visits.</p>	F 388	<p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <ul style="list-style-type: none"> A physician visit tracking form will be implemented and followed up by medical records personnel. DNS/designee will monitor for compliance. <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <ul style="list-style-type: none"> Medical records personnel will audit all physician visits/NP visits every 30 days. A Physician Services CQI tool will be completed weekly x4, monthly x2, and quarterly thereafter. Data will be submitted to the CQI committee for review. If threshold is not achieved an action plan may be developed to ensure compliance. <p>Compliance date: 1/31/11</p>		

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F 388	Continued From page 5 In confidential interview on 1-13-11 at 1:45 p.m. with two other residents who utilize the same physician, each indicated they had seen the physician in the past. Each indicated that they usually are seen by the nurse practitioner. 2. Resident C's clinical record was reviewed on 1-14-11 at 12:55 p.m. Her diagnoses included, but were not limited to mild mental retardation, insulin-dependent diabetes mellitus, congestive heart failure, coronary heart disease and hypertension (high blood pressure). She was admitted to the facility on 8-5-2009. Review of the attending physician's in-house visits indicated he had visited this resident only once in 2010 on 5-3-10. The remaining monthly visits had been conducted by the nurse practitioner on 1-4-10, 2-1-10, 3-15-10, 4-1-10, 4-17-10, 6-19-10, 7-31-10, 8-30-10, 10-3-10, 11-16-10, 12-11-10 and once in 2011 on 1-9-11. In interview with the DN on 1-14-11 at 9:30 a.m., she indicated this attending physician usually sent the nurse practitioner for facility visits. This Federal tag relates to Complaint IN00084509 3.1-22(d)(4)	F 388			